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Michelle L. McClellan, *Lady Lushes: Gender, Alcoholism, and Medicine in Modern America* (New Brunswick: Rutgers University Press, 2017).

*Lady Lushes* is a welcome contribution to the social history of medicine and health, as well as to the growing field of drinking studies. McClellan moves beyond the well-worn terrain of male-centric histories of alcoholism to examine ‘drinking women’ (p. 3) in nineteenth and twentieth century America. This is a ground-breaking study that draws on a range of sources, including historical periodicals, medical journals, letters, self-help guides, and institutional records. McClellan argues that women faced considerable challenges in obtaining treatment for alcoholism over this period due to gendered assumptions about behaviour and biology. However, far from situating drinking women as victims, the author charts their negotiation of medical authority and the beginnings of the alcoholism movement. Although the agency of women is an important part of this study, it also shows how lingering gender biases stymied important health education and treatment efforts.

The book is structured chronologically around six thematic chapters. McClellan begins by examining the early temperance movement, the impact of state prohibition laws, and prevailing conceptions of female drinking. She identifies the social construction of the female ‘inebriate’ (p. 28) and how this fit into the temperance model of the nineteenth century. As physicians began to recognize and medicalize intemperance, they also reinforced ideas of gender difference, which situated female inebriates as passive victims deserving a measure of sympathy.

McClellan next turns to the twentieth century to assess how Progressive thought and National Prohibition reshaped responses to female drinking. She reveals that when so-called ‘lit ladies’ (p. 49) and ‘flapper’ girls (p. 50) drank in public spaces they not only asserted their agency, but also challenged earlier ideas of female passivity and victimhood. McClellan shows that within this context, drinking women faced increased social stigma and were forced to navigate a male-dominated support infrastructure with little experience or understanding of their needs.

The author uses the case study of activist Marty Mann to highlight the challenges faced by drinking women. Mann chose to adhere to a medical model of alcoholism, while attempting to educate the public about the condition and address voids in treatment. McClellan shows how Mann was one of the first women to systematically challenge gendered assumptions, advocate for action, provide a roadmap for recovery. Nevertheless, misguided ideas about women’s bodies remained entrenched in clinical settings and this undermined diagnosis and treatment.

McClellan next traces the consequences of persisting gender bias on patient care. She finds that many mid-century psychiatrists considered alcoholism in women to be evidence of biological weakness and a failure to adapt to prescribed roles. Such conceptions added to the stigma and did little to provide a coherent framework for treatment. Even when the American Medical Association defined alcoholism as a disease, lingering biases situated women as particularly difficult to treat and therefore less likely to receive professional attention. Although the alcoholism movement ultimately

failed in the provision of adequate medical care or equal treatment for men and women ‘without judgement’ (p. 163), the author concludes that some success was achieved through outreach programs and the efforts of social workers due to their understanding of women’s realities.

*Lady Lushes* is a well-researched monograph that has many strengths. The author’s use of Mann’s personal reflections is powerful, since it provides a unique perspective of an activist on the front lines of negotiating cultural and medical power. The setbacks and limited successes experienced by Mann show how gendered functioned in America and how much work needed to be done. Indeed, the book deftly illustrates that gender matters when assessing the experience of alcoholism and how it was framed in contemporary debates. Although, the focus of *Lady Lushes* remains primarily concerned with the experiences of white and middle-class women, chapter 3 considers how racial prejudice restricted the treatment opportunities of black and minority women. Reporting problems combined with legalised racial segregation and prejudice kept countless of cases hidden. This analysis of race and gender is important, as it hints at a much larger story requiring further historical attention.

This book will appeal to a wide audience. Social historians of medicine will appreciate the author’s focus on the patient experience and attention to female agency. Moreover, scholars working in the field of addiction studies will benefit from McClellan’s use of gender as a category and the ways in which bias affects treatment. Furthermore, mental health professionals, including psychiatrists and psychologists, will find McClellan’s detailed case study approach useful to reflect on clinical experiences and consider what has changed in practice and what aspects still need attention.

Stephen E. Mawdsley

University of Bristol

[stephen.mawdsley@bristol.ac.uk](mailto:stephen.mawdsley@bristol.ac.uk)